FOR INSTRUCTIONS. SEE BACK OF FORM  DISCLOSURE SUMMARY PAGE	IA ETHICS AND	•	FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
	$PM = I \cdot II_2 \cdot \neg V$	i	For Office Use O	MY ~ ~ A 77
COMMITTEE NAME (Must be same as on Statement of Organiz TOWA COUNTY REPUBLICAN CERTRE	COMULTER	ן כט	Comm. #	4040
IMPORTANT: Indicate type of committee you are reporting for:		1 1	Audited	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Cert (8) Support State of Candidates	County/Local Candidate tral Committee		Computer	
Canles Jan 3	19-642-7432		$\tau_{\prime}$	14/08
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE		DATE S	- 11
Routine Penalties Due For Late Fi	·		20 to \$800	
I AM FILING A JULY 19	PORT FOR AN/A (1) E	ECTION	WANTED	
(report date)		Indicate on	استنا	ION YEAH.
CHECK IF AMENDMENT TO REPORT DATED			nmittees, enter Da	ite of Election
Check if this is final (termination) report and attach Notice of Dis	solution Form DD-2	County &	Local Committees	, enter County in
(You must continue to file reports until a Notice of Dissolut	ion is filed.)	which Ele	ction is held ) W. F)	
(You must continue to file reports until a Notice of Dissolut  STATEMENT OF  CASH ON HAND at the beginning of the reporting period. (This is to	CASH ON HAND	which Ele	ction is held	
(You must continue to file reports until a Notice of Dissolut  STATEMENT OF  CASH ON HAND at the beginning of the reporting period. (This is to fall monies held by the committee. This amount MUST same as the cash on hand at the end of the last reporting	CASH ON HAND the total the the the total	which Ele	ction is held	
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(You must continue to file reports until a Notice of Dissolut  STATEMENT OF  CASH ON HAND at the beginning of the reporting period. (This is to fall monies held by the committee. This amount MUST I same as the cash on hand at the end of the last reporting or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD	CASH ON HAND the total the	which Ele	2529 686	1, 31 93
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\_\_\_\_ YES \_\_\_\_ NO

CONSULTANT BREAKDOWN (Schedule G Attached?)

/ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

For	instructions,	See	Back of Form	*
	manaciona,		Daux of Port	n

## CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE	NAME (Must b	e same as on Statemen	t of Organizati	on)
TOWA	COUNTY	REPUBLICAN	CENTRAL	COMMITTER

MONETARY RECEIPTS
CK THIS BOX IF IDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MWDD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	FUNE FUNE RAISE INCOM
	ID#				INCOR
5/21/08	CK#	PTH (Pass De Hat)		\$61.00	
	ID#				
6/25/08	CK#	BOWL-A-THON FUND RAMER		565.83	
	ID#				
6/25/08	CK#	PTH-	·	60,10	
	ID#		· 1		
	CK#		·		
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	CK#				
	ID#				
	CK#				
	1	1	SUB-TOTAL	- 681.92	

TOTAL (If last page of this schedule)

686.93

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<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWA COUNTY REPUBLICAN DENTRAL COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	RICH HEUR	IOWA COUNTY FAIR	
6/4/08	CK# 1024	325 WASHINGTON ST MARGNGO DA 52301	BROTH RENTAL	\$ 30.00
	ID#	KEYSTONE BANK.		<i>-11</i>
5/31/08	CK#	KEYSTONE, IA	BANK SUC CHARGE	.54
	ID#	KARL KORFF	FUND RAISER EXPENSES	<b>.</b>
6/16/08	CK#1025	BLAIRSTOWN, IR		76,73
	ID#			
	CK#			
	ID#			
	CK#		•	
	ID#			
	CK#			
·	ID#			
	CK#	·		
	ID#			
	CK#			
			SUB-TOTAL	\$ 107,27

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

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TOTAL (if last page of this schedule)

\$ 107,27